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Question no.	Question
1	AGE ?
2	GENDER?
3	NAME?
4	ADDRESS?
•	
•	•
•	
25	HAVE YOU HAD OR
·	DO LOO HAVE DISEASE X
•	HAVE YOU HAD OR DO YOU HAVE DISEASE X

Fig. 1

51 Field 1	Security control 1 522
52 Field 2	Security control 2 52a
53 Field 3	Security control 3 – 53a
•	•

Fig. 4

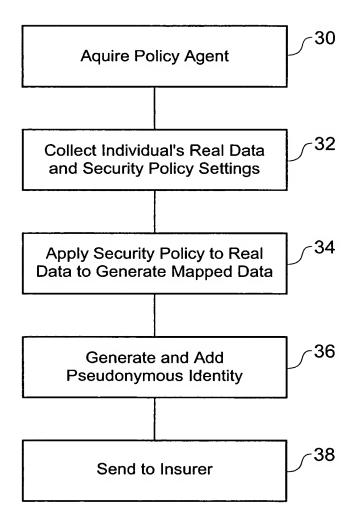


Fig. 2

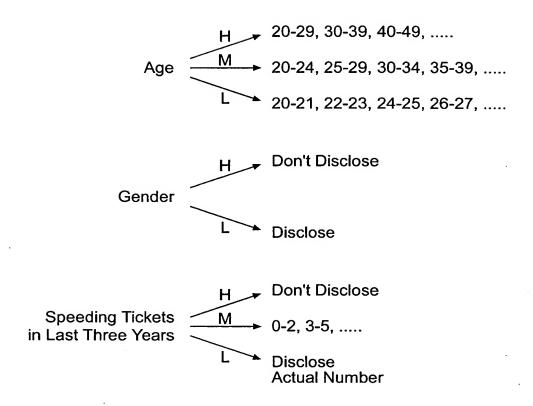


Fig. 3

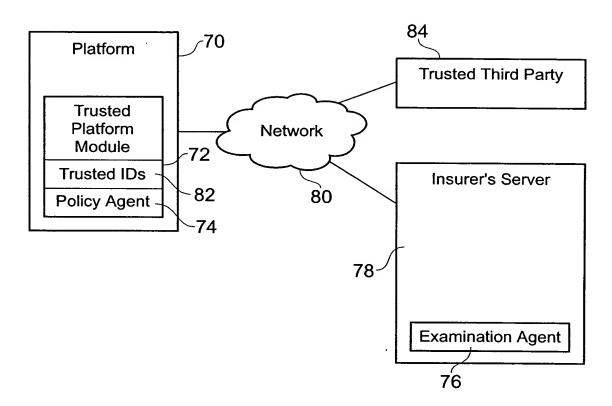


Fig. 5

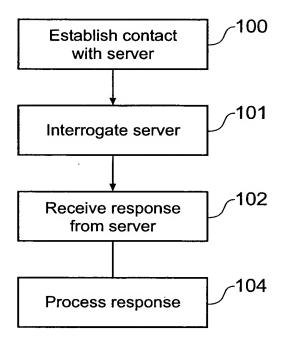


Fig. 6